



TOWN OF BROOKLINE

Personnel Office

333 Washington Street

Brookline, MA 02445

Telephone (617) 730-2120

EMPLOYMENT APPLICATION

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

The Town of Brookline does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, disability, veteran status, sex, sexual orientation, ancestry or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

To be sure that your application is properly evaluated, all questions must be answered clearly, completely and accurately. If you need more space, please attach a separate sheet. Please print and use ink. You may attach a copy of your resume, if one is available, but not as a substitute for responding to all questions hereon.

PERSONAL

Date _____

Name _____

Last

First

Middle

Address _____

Number

Street

City

State

Zip Code

Mailing Address _____

(If different)

Number

Street

City

State

Zip Code

Telephone () _____ Social Security No.: _____

Position(s) desired _____

Salary Desired _____ Date Available _____

Are you a U.S. Citizen? ☐ Yes ☐ No

If not, do you have legal authorization to work in the United States?

☐ Yes ☐ No

[Pursuant to Federal Law, within three (3) days of hire, new employees will be required to produce evidence of identity and legal authorization to work in the U.S.]

Have you served in the U.S. Military? ☐ Yes ☐ No

GENERAL INFORMATION

BY WHOM OR WHAT SOURCE WERE YOU REFERRED TO US?

☐ SELF ☐ NEWSPAPER ☐ EMPLOYEE ☐ OTHER

OR OTHER

REFERRAL

EXPLAIN _____

☐ SCHOOL/

PUBLICATION

NAME _____

COLLEGE

NAME _____

NAME _____

If under age 18, what
is your age? _____

If employed and you are under age 18,
can you furnish a work permit ☐ Yes ☐ No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Date Employed		Work Performed
	Address	From	To	
	Job Title	Hourly Salary/Range		
	Supervisor	Starting	Final	
	Reason for Leaving			
2	Employer	Date Employed		Work Performed
	Address	From	To	
	Job Title	Hourly Salary/Range		
	Supervisor	Starting	Final	
	Reason for Leaving			
3	Employer	Date Employed		Work Performed
	Address	From	To	
	Job Title	Hourly Salary/Range		
	Supervisor	Starting	Final	
	Reason for Leaving			
4	Employer	Date Employed		Work Performed
	Address	From	To	
	Job Title	Hourly Salary/Range		
	Supervisor	Starting	Final	
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

MAY WE CONTACT YOUR PRESENT EMPLOYER?

☐ IMMEDIATELY ☐ AFTER ACCEPTANCE OF EMPLOYMENT ☐ NO IF NO, GIVE REASON _____

Describe other training, certifications, licenses (CDL, etc.) or experience applicable to the job you are seeking.

If applying for a clerical position, please answer the following questions.

Can you type? _____ (W.P.M. _____) Do you take shorthand? _____ (W.P.M. _____)

Have you used a PC? _____ (Model _____)

What software packages are you familiar with? _____

EDUCATION

(You may omit any parts of this section which are not applicable to the job you seek)

HIGH SCHOOL	CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS	1 2 3 4
GRADUATED	MAJOR COURSE
[] YES [] NO	

COLLEGE	MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS	1 2 3 4	
GRADUATED	DEGREE OR CERTIFICATE RECEIVED	
[] YES [] NO		

OTHER SCHOOLS OR SPECIALIZED TRAINING NAME OF INSTITUTION	MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS	1 2 3 4	
GRADUATED	DEGREE OR CERTIFICATE RECEIVED	
[] YES [] NO		

SCHOLASTIC HONORS, SCHOLARSHIPS, ETC.

RECORD OF CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A FELONY AT ANY TIME?

[] YES [] NO IF YES, PLEASE EXPLAIN:

You may omit any information or answer "no record" to the following questions regarding: 1. A first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray and disturbance of the peace; or 2. Any conviction where there is a sealed record on file with the commissioner of probation or in any case of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

A conviction record would not necessarily be a bar to employment. Factors such as age and time of offense, seriousness and nature of violation and rehabilitation will be taken into account.

HAVE YOU BEEN CONVICTED, OTHER THAN FOR THE ABOVE STATED REASONS OF A MISDEMEANOR WITHIN THE PAST FIVE YEARS?

[] YES [] NO IF YES, PLEASE EXPLAIN

REFERENCES

GIVE BELOW THE NAME OF THREE PROFESSIONAL OR WORK-RELATED REFERENCES.

NAME	COMPANY	TITLE	YEARS ACQUAINTED

AGREEMENT

Please read before signing

NOTE: If you have any questions regarding the following statements, please ask them before signing.

I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

I hereby affirm that the information provided by me on this application (and accompanying resume, and other documents, if any) is true and complete. I understand that any false information or material omission of fact on this application (and accompanying resume and other documents, if any) shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that employment is for no stated term and may be terminated by me or the Town of Brookline at any time.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Town of Brookline with any relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release the Town of Brookline against any liability which might result from requesting such information.

I further acknowledge that if I am employed by the employer, my employment will be at will, and may be terminated with or without cause at any time by me or by my employer, except as otherwise provided by law or by any applicable labor contract.

I understand that no representative of the Town has any authority to enter into any agreement for employment for any specified period of time, or to assure any benefits or terms and conditions of employment other than those set forth in any applicable labor agreement or in correspondence from the Town of Brookline Personnel Office either prior to commencement of employment or after I have become employed.

I understand that, if offered employment, I will be required to undergo a physical examination at the Town of Brookline Occupational Health Clinic, and that any offer of employment is contingent upon meeting established medical requirements.

I hereby certify that I understand and consent to the above conditions.

Signature: _____ Date: _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.